

RECORDING FORM FOR CONTINUING EDUCATION/INSERVICE TRAINING HOURS

NAME_____

CERTIFICATION/LICENSE NUMBER_____

EXPIRATION DATE_____

THIS FORM IS OPTIONAL AND IS INTENDED FOR USE
IN RECORDING CONTINUING EDUCATION HOURS
WHEN OTHER PROOF OF ATTENDANCE IS NOT
AVAILABLE.

DATE	SUBJECT	PROGRAM CONDUCTED AT: SPONSORING AGENCY / TOWN	LECTURE HOURS	SKILL HOURS	INSTRUCTOR'S SIGNATURE

NOTE: Approved continuing education does not necessarily authorize practice of learned skills in all situations.

CONTINUING EDUCATION MUST BE MAINTAINED IN ACCORDANCE WITH CURRENT RENEWAL REQUIREMENTS AS SET FORTH IN
KENTUCKY ADMINISTRATIVE REGULATION 202 KAR 7:050.